

This box to be completed by Licensed Child Placing Agency (LCPA), DCS Licensed Residential Care or Contract Personnel

Purpose: ☐ Residential Licensing Application ☐ LCPA Licensing Application ☐ Employment ☐ Contractor ☐ Volunteer/ Intern
 Subject of Check: _____ (last name) _____ (first name) _____ (Middle Name)
 Agency: _____ Agency Address: _____
 City: _____ State/Zip : _____
 County: _____

Verification of Identity of Applicant
/Employee/Volunteer*

☐ Valid Driver's License
☐ Work / School ID

☐ Valid State ID Card
☐ Other: _____

EMPLOYEE / VOLUNTEER FORM

For LCPA/Residential Licensing/Employment/Volunteers/Contractors Background Checks

A copy of this form must be completed by each applicant/employee/volunteer:

*These fields are mandatory and must be completed.

Full legal name*					
Previous names (maiden/alias/other married)*					
Date of birth (mm/dd/yy)*					
Place of birth (city, state)					
Social Security Number					
Gender*		Race*		Height*	
Weight*		Eyes*		Hair*	
Current address* (street address, city, state, zip):					
List all counties and/or states in which you have resided for past 5 years:					
I <input type="checkbox"/> have <input type="checkbox"/> have not been convicted of an adult crime. (If convicted, please describe below:)					

To be signed by the individual submitting to the background check:

I have provided the information on this form for the purposes of having a criminal history and background check completed. My signature authorizes the necessary checks to be conducted:

Date:		Printed name:	
Signature:			

ATTENTION APPLICANT:

Return the following to the Agency listed at the top of this form: (1) One copy of this form and all other completed forms; (2) all completed fingerprint cards; and (3) payment.